Foster Family Home - Corrective Action Report

Provider ID: 1-180089

Home Name: Maricel Napoles, NA Review ID: 1-180089-1

94-527 Palai Street Reviewer: Angel England

Waipahu HI 96797 Begin Date: 1/18/2019

Foster Family Home Required Certificate [11-800-6]

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

6.d.1 Home visit made for a new 2 bed certification inspection. Home is in compliance with Hawaii Administrative Rules at the time of the inspection. No written plan of correction necessary.

Comptiance Manager

Primary Care Giver

Date

1/18/2019

Date